

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038883

FILED VS NOV 17 1959  
 ENDED

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 74

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <u>Ballinger</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Ballinger</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Near Burfordville</u>		Length of stay in 1b <u>9 yrs.</u>		c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Near Burfordville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED				4. DATE OF DEATH					
First <u>LOSSIE</u>		Middle <u>JANE</u>		Last <u>GRIFFIN</u>		Month <u>OCT.</u> Day <u>23</u> Year <u>1959</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-11-1897</u>			
9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Bird Walls</u>			13b. MOTHER'S MAIDEN NAME <u>Taylor</u>			14. NAME OF HUSBAND OR WIFE <u>P.K. Griffin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>P.K. Griffin</u> Address <u>Burfordville, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Cerebral Anoxemia</u>							<u>acute</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>strangulation</u>					<u>4 to 5 P.M.</u>		
		DUE TO (c) <u>Self inflicted (suicidal)</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic depressive state</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Tied two scarfs (nylon) in 2 knots tightly around neck.</u>					
20c. TIME OF INJURY Hour <u>4:30</u> p.m. Month, Day, Year <u>10-23-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Marble Hill, Bollinger Co. Missouri</u>			20f. CITY, TOWN, OR LOCATION <u>Missouri</u>			COUNTY STATE	
21. I attended the deceased from <u>never attended by me during her life time - I made inspection carefully with Coroner and with Sheriff.</u> <u>Inquest Oct 30, 1959</u> I solemnly swear that the information furnished above, and to the best of my knowledge, from the causes stated, is true and correct.									
22a. SIGNATURE (Degree of title) <u>John J. Greer, D.O.</u>				22b. ADDRESS <u>Lutesville, Missouri</u>			22c. DATE SIGNED <u>11-12-59</u>		
23a. MANNER OF BURIAL OR CREMATION (Specify) <u>Burial</u>		23b. DATE <u>Oct. 25, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Past Oak Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Corning Ark.</u>			
24. FUNERAL DIRECTOR <u>Russell Funeral Home, Corning Ark</u>				25. DATE RECD. BY LOCAL REG. <u>11-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.